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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21911 (5)
1. Corporation Name
ST. ANDREWS GRAND LODGE AND QUEEN MARY GRAND COU
RT. YORK MASON INC.



Principal Place of Business Mailing Address
5929 NW 2ND AVE. 13630 JACKSON ST
13630 JACKSON STREET 10305 S.W. 149 TERRACE
MIAMI FL 33176 MIAMI FL 33176
US US

3. Date Incorporated or Qualified
08/06/1987

4. FEI Number
65-0080635

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address
21 5929 N.W. 2nd AVE 26 P.O. Box 640092
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 MIAMI, FLORIDA 27 MIAMI, FLORIDA
City & State City & State
24 33142 25 DADE 28 33164 30 DADE
Zip Country Zip Country

9. Name and Address of Current Registered Agent
EDMOND, JAMES T JR.
13630 JACKSON STREET
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name WILLIE N. WELLS
82 Street Address (P.O. Box Number is Not Acceptable)
301 NE 172 ST.
83
84 City MIAMI FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Willie N. Wells (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	EDMOND, JAMES, JR.	1.2 NAME	WILLIE N. WELLS
STREET ADDRESS	13630 JACKSON STREET	1.3 STREET ADDRESS	301 NE 172 ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33162
TITLE	D	2.1 TITLE	ASS DIRECTOR
NAME	CARTER, JAMES	2.2 NAME	ROBERSON BROWN JR.
STREET ADDRESS	3440 N.W. 82 STREET	2.3 STREET ADDRESS	P.O. BOX 172113
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HALEAH, FL. 33017
TITLE	TD	3.1 TITLE	
NAME	WALKER, DANIEL	3.2 NAME	
STREET ADDRESS	9261 S.W. 186 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	SECRETARY
NAME	ROBERSON, BROEN	4.2 NAME	ELLISON HIXSON
STREET ADDRESS	710 NW 204 ST	4.3 STREET ADDRESS	17000 NW 33 CT.
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	MIAMI, FL. 33056
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie N. Wells 4-24-98 (305) 652-5947

CR2E037 (10/97)